DCBS Partners in Prevention Terminology Guide

To the citizens of the Commonwealth,

'Partners in Prevention' expresses the fact that the Department for Community-Based Services (DCBS) needs the entire community to care for vulnerable families and children. We cannot do this work alone. Kentucky needs strong communities synchronizing their efforts and services with a common goal of child and family well-being.

Our children, youth and families face many risks, including drug abuse and violence, and these problems have serious consequences in our homes, schools and communities. Substance abuse, domestic violence, mental health issues, poverty, and lack of community resources to meet these challenges all pose significant risks for child safety and family security. We want healthy families in strong communities.

Fortunately, our understanding of how to reduce risks and keep families safe has grown substantially in recent years. Progress in prevention research has identified many factors associated with greater potential for problems – called "risk factors" – and those associated with reduced potential – called "protective factors." An important goal of prevention, then, has become to reduce the impact of risk factors by increasing protective factors in homes, schools, and communities.

In addition to increasing our understanding of factors that either increase or reduce potential for problems, prevention research has demonstrated the importance of comprehensive community approaches that engage parents, educators, and community leaders. Such approaches employ a collaborative planning process that relies on an objective needs assessment and the strategic implementation of programs and policies that have been demonstrated to be effective.

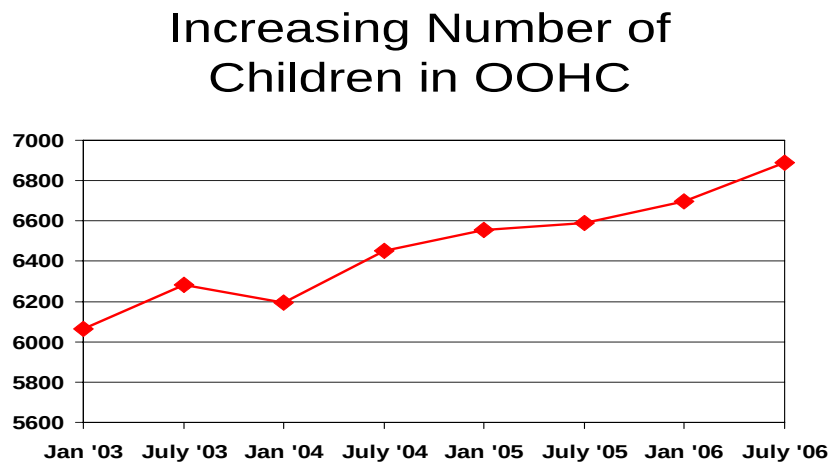
The Department for Community Based Services is engaged with key leadership representatives from agencies and organizations throughout the Commonwealth. By investing in community-based efforts to strengthen families, developing community partnerships, addressing issues of substance abuse, expanding resources for families through parent advocates, and using evidence-informed practices and decision guides DCBS seeks to prevent the toll of abuse and neglect on communities, families, children and the state.

We are pleased to present a primer on prevention that includes some statistics, our baseline data, basic prevention terms, sources of additional information, and guides to best practice. This publication represents a beginning, rather than a "finished," product. We are on an ongoing journey toward improved efficacy of prevention efforts. Please join us.

Mark Washington, DCBS Commissioner

Table of Contents

A Profile of Prevention in Kentucky



Fact Sheet on Substance Abuse and CPS

All Referrals
For all referrals that meet criteria for an investigation

- 41% were complicated by issues of substance abuse.

Substantiated Abuse or Neglect in Referrals

About 18,860 children statewide in 2005 were victims of abuse or neglect where child risk was substantial increased by issues of substance abuse.

On average, substantiated cases of abuse and neglect have 3.8 high risk factors that complicated the case: Here are the top 4 factors with the Percent present in substantiated Cases of abuse/neglect.

All Children Entering Out-of-home Care

- 70% of parents were rated as having child safety risks due to drug and alcohol use.

For Children 3 years or younger and entering Out-of-home Care

- 78% of parents had child safety risks due to drug and alcohol use.

For Families with more than one child 3 years or younger entering OOHC

- 88.3% of parents had child safety risks due to drug and alcohol use.

Where is the problem most severe in CPS cases?

- Big Sandy, Kentucky River, Cumberland Valley, FIVCO, Fayette

For Children experiencing two or more substantiated allegations of abuse or neglect

- 74% had risks due to alcohol or drug abuse

The most common scenario is associated with substance abuse in substantiated cases of abuse and neglect.

- Allegation is substantiated for child neglect on the first referral.
- The family has on average 2.5 children with at least one child 3 years or younger.
- They are most likely to have 4-6 severe risk factors in addition to the substance abuse with 90% also having criminal history.
  (Kentucky TWIST Data – CY 05)

Partners in Prevention Anticipated Results:

1. Decreased referrals to child welfare especially among over-represented populations.
2. Equal treatment and community opportunities for families of all races and cultures.
3. Early and rigorously intervention when family abuse and neglect is identified.
4. Decreased number of children in out-of-home care.
5. Decreased family risks and improved protective capacity through prompt, potent and integrated services when faced with challenges such as substance abuse, domestic violence, poverty and homelessness, mental health issues, and criminality.
6. Improved coordination of prevention efforts statewide
7. Prompt access for families to needed resources through blended and flexible funds.
8. Fiscal and family outcomes superior to current outcomes.

Prevention is Cost-Effective

Recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substances can be seen (Pentz 1998; Aos et al. 2001; Spoth et al. 2002).

I. Glossary

Abstinence - Total avoidance or non-use of substances such as alcohol, tobacco and illicit drugs.

Abuse - Occurs when alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs.

Access to Services - The extent to which services are available for individuals who need care. Access depends on a variety of factors, including availability and location of appropriate care and services, transportation, hours of operation and cultural factors, including languages and cultural appropriateness.

Access to Substances - The extent to which illicit and licit substances are available in the home, community, or schools.

Activities - What a program does with its resources to produce outcomes.

Adaptation - Modification made to a chosen intervention, such as changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when (a) underlying program theory is understood; (b) core program components have been identified; and (c) the needs of both the community and the population of interest have been carefully defined.

Addiction - A compulsive physiological craving for a habit-forming substance. Addiction is a chronic and progressive disease usually characterized by physiological symptoms upon withdrawal. The term "dependence" often is used synonymously to avoid the pejorative connotations of addiction.

Note: Terms listed in this glossary were derived primarily from the Substance Abuse and Mental Health Service Administration's Prevention Platform at http://www.preventiondss.org

Age of Onset - In substance abuse prevention, the age of first use.

Assets - In social development theory, skills and strengths that can protect against substance abuse, violence and other negative behaviors.
See also "Protective Factors."

ATOD - Alcohol, tobacco and other drugs.

Baseline - Observations or data about the target area and target population prior to treatment or intervention, which can be used as a basis for comparison once a program has been implemented.

Benchmark - A particular indicator or performance goal. The benchmarking process identifies the desired performance goal, determines how that performance is achieved, and applies the lessons learned to improve performance elsewhere.

Coalition - A union of people and organizations working for a common cause. Coalitions often are very active in local substance abuse prevention efforts and typically involve civic and nonprofit organizations, as well as community-based family- and youth-serving agencies.

Collaboration - The process by which people/ organizations work together jointly to accomplish a common mission.

Community Awareness - In this publication, a perception or recognition on the part of the community that there is a substance abuse, violence or other preventable problem. The level of this awareness can change over time.

Community Readiness - The community's awareness of, interest in, and ability and willingness to support substance abuse, violence, or other prevention initiatives.

Consumer - An individual who receives services or care.

Continuum of Service - An array of services typically including prevention, intervention and treatment.

Core Components - Program elements that are demonstrably essential to achieving positive outcomes.

COSAs/Children of Substance Abusers - Youth and adults who are children of substance abusers. Examples are adult children of alcoholics, children whose parents abuse alcohol or other drugs, and children raised in or chronically exposed to situations involving substance abuse.

Cultural Competence - The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction.

Data Driven - A process whereby decisions are informed by, and tested against, systematically gathered and analyzed information.

Developmental Assets - The developmental assets framework espoused by the Search Institute specifies critical factors in young people's growth and development. The internal and external assets offer a set of benchmarks for positive child and adolescent development. For additional information, see
http://www.search-institute.org/

Domain - Sphere of activity or affiliation within which people live, work and socialize (e.g., self, peer, school, workplace, community, society).

DUI/DWI/MIP Programs - Driving Under the Influence (DUI), Driving While Intoxicated (DWI), and Minor in Possession (MIP) programs are structured prevention education programs intended to change the behavior of youth and adults who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle.

Drug-Free Social/Recreational Events - Social and recreational activities for youth and adults that specifically exclude the use of alcohol, tobacco and other drugs. Examples are Project Graduation and similar events; after-prom parties; alcohol, tobacco and other drug-free school events; alcohol, tobacco and other drug-free community events; and smoke-free gatherings and events.

Early Indicators - Subtle symptoms or other outward signs that someone may have a substance abuse problem. Examples include change in school performance and/or attendance, change to more negative peer group, mood swings, and difficulty eating or sleeping.

Early Intervention - Refers to identifying persons at high risk prior to their having a serious consequence or persons at high risk who have had limited serious consequences related to substance use on the job; or having a significant personal, economic, legal or health/mental health consequence and providing these persons at high risk with appropriate counseling, treatment, education or other intervention.

Employee Assistance Programs - Programs to assist employees, their family members, and employers in finding solutions for workplace and personal problems. For additional information about preventing substance abuse in the workplace, see CSAP's Workplace Resource Center at http://workplace.samhsa.gov/

Environmental Approaches – A prevention strategy that establishes or changes community standards, codes and attitudes, and thus influences incidence and prevalence of substance abuse. Examples include enforcement of laws governing availability and distribution of legal drugs, product pricing strategies and modification of practices of advertising alcohol and tobacco.

Fidelity - The degree of fit between the developer-defined components of a substance abuse or violence prevention program, and its actual implementation in a given organizational or community setting.

Fidelity/Adaptation Balance - A dynamic process, often evolving over time, by which those implementing an evidence-based substance abuse or violence prevention program address both the need for fidelity to the original program and the need for local adaptation.

Health Promotion - A wide array of services and activities to promote positive and healthy lifestyles. Examples are dissemination of materials at health education programs, health screening services and the airing of substance abuse and violence prevention video tapes at fairs and similar events.

Illicit/Licit Drugs - Licit drugs are those that are legal to use, such as medicines, alcohol and tobacco. Illicit drugs are those that are illegal to use. Note that it is possible to misuse a licit drug, as occurs with some prescription drugs or when tobacco and alcohol are used by underage persons.

Intervention - An activity or set of activities that is designed for the prevention of a disease or risk behavior.

Logic Model - A graphic depiction of the plausible linkages between a program's components and the outcomes to be achieved. Logic models typically reflect the program's underlying "theory of change," a set of assumptions, based on research and theories, about how and why desired change is most likely to occur as a result of a program.

Long-term Outcomes - The change(s) that result, often over a period of years, from a prevention program or intervention.

Media Campaigns – Structured, sustained activities that use print and broadcast media to deliver prevention information or health promotion messages relative to substance abuse or youth violence. Examples include media promotion of alcohol- and drug-free events; printing of ads with "no-use" messages; distribution of signs to stores and businesses; distribution of bumper stickers, posters, etc.; use of national substance abuse prevention media materials tagged to a state or community and prevention ads and messages in newspapers. For additional information, see Partnership for a Drug-Free America at http://www.drugfreeamerica.org/

Needs Assessment - A community prevention needs assessment typically involves surveys of various targeted populations and communities, identification of prevention resources, and examination of relevant social indicator data. When supported by multiple community agencies and organizations, a local needs assessment can provide valuable information for comprehensive prevention planning and program implementation, including identifying high risk/priority populations and prevention services gaps.

Norms - A behavior or belief that is considered typical of a community.

Prevention - A proactive process that creates and reinforces conditions that promote healthy behaviors and lifestyles.

Prevention Strategies - An array of strategies including information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental approaches. See page 23 for examples of these strategies.

Prevention Types (Selected, Indicated, Universal) - Prevention measures targeting general and specific groups. The Institute of Medicine has conceptualized prevention using three categories:

- Universal - the target population is general.
- Selective - the target population is a high-risk group.
- Indicated - the target population is high-risk individuals.

Protective Factor - An attitude, behavior, belief, situation, or action that builds resilience in a group, organization, individual or community. Also referred to as assets.

Public Health Model of Prevention - This model can be illustrated by a triangle, with the three angles representing the agent, the host and the environment. A public health approach requires not only an understanding of how agent, host and environment interact, but also a plan of action for influencing all three. Additional information about the public health model of prevention can be accessed at:
http://www.health.gov/phfunctions/public.htm

- Agent - the catalyst, substance or organism causing the health problem. In the case of substance abuse, the agents are the sources, supplies (drugs) and availability.
- Host - the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.
- Environment - the context in which the host and the agent exist, including conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

Resilience - Refers to the ability of an individual to cope with, or overcome, the negative effects of risk factors or to "bounce back" from a problem.

Resistance Skills Training - Resistance skills training programs are designed to increase the ability of youth to withstand the pressure or temptation to use alcohol, tobacco or drugs.

Risk Factor - An attitude, behavior, belief, situation, or action that may put a group, organization, individual or community at risk for alcohol and drug problems.

Social Indicator - A measure of change in conditions or behavior. Social indicators can tell us about the outcome of a policy or program; about people's subjective feelings of well-being; or document the state of conditions or behaviors over time.

Social Marketing - Using commercial marketing techniques, social marketing often relies on the use of mass media to influence the behavior of a target audience. An example of social marketing is the National Youth Anti-Drug Media Campaign.
Student Assistance Programs - Structured prevention programs intended to provide early identification of student problems, in-school services (e.g., support groups), referral to

outside agencies and school policy development. Substance Abuse - Abuse of, or dependency on, alcohol, tobacco and other drugs.

Sustainability - The ability of a program to continue over a period of time, especially after initial grant monies end.

II. Prevention Concepts

The Risk and Protective Factors Framework

Among the most important developments in substance abuse prevention theory and programming in recent years has been the focus on risk and protective factors as a unifying descriptive and predictive framework.

A risk factor is an attitude, behavior, belief, situation, or action that may put a group, organization, individual or community at risk for alcohol and drug problems.

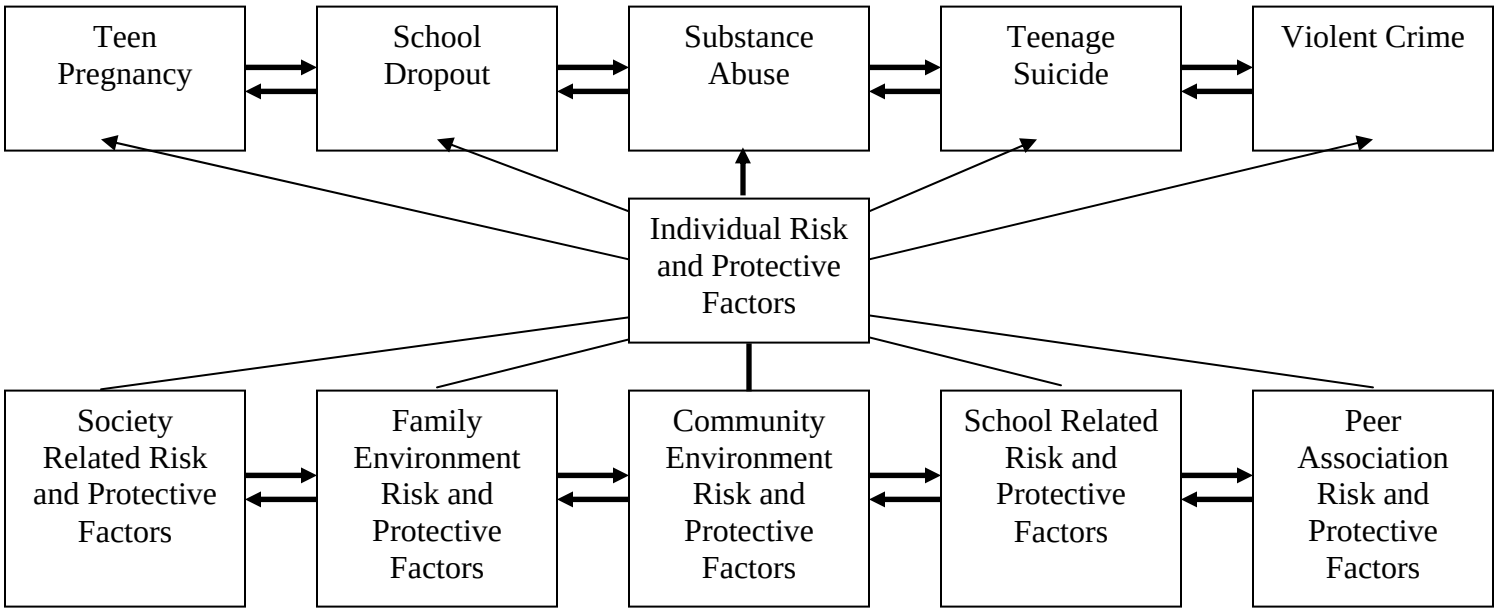
A protective factor is an attitude, behavior, belief, situation, or action that builds resilience in a group, organization, individual or community.

Risk and protective factors are conceptualized in domains that are defined as the spheres of activity or affiliation within which people live, work and socialize (e.g., self, family, peer, school, community, society).

Web of Influence Model

The "web of influence" below depicts how risk and protective factors in five domains (bottom row of boxes) interact with the individual at the core of the model to produce certain problem behaviors (top row of boxes).

Source: *Understanding Substance Abuse Prevention* (1999). Center for Substance Abuse Prevention.



Examples of Risk and Protective Factors in Major Life Domains

Source: Substance Abuse and Mental Health Services Administration.

Domain	Protective Factors	Risk Factors
Individual	• Positive personal characteristics, including social skills and social responsiveness; cooperativeness; emotional stability; positive sense of self; flexibility; problem-solving; and low levels of defensiveness. • Bonding to societal institutions and values, including attachment to parents and extended family; commitment to school; regular involvement with religious institutions; and belief in society's values. • Social and emotional competence, including good communication skills; responsiveness; empathy; caring; sense of humor; inclination toward pro-social behavior; problem-solving skills; sense of autonomy; sense of purpose and of the future (e.g., goal-directedness); and self-discipline.	• Inadequate life skills. • Lack of self-control, assertiveness, and peer-refusal skills. • Low self-esteem and self-confidence. • Emotional and psychological problems. • Favorable attitudes toward substance abuse. • Rejection of commonly held values and religion. • School failure. • Lack of school bonding. • Early antisocial behavior, such as lying, stealing and aggression, particularly in boys, often combined with shyness and hyperactivity.

Domain	Protective Factors	Risk Factors
Family	• Positive bonding among family members. • Parenting that includes high levels of warmth and avoidance of severe criticism; sense of basic trust; high parental expectations; and clear and consistent expectations, including children's participation in family decisions and responsibilities. • An emotionally supportive parental/ family milieu, including parental attention to children's interests; orderly and structured parent-child relationships; and parent involvement in homework and school-related activities.	• Family conflict and domestic violence. • Family disorganization. • Lack of family cohesion. • Social isolation of family. • Heightened family stress. • Family attitudes favorable to drug use. • Ambiguous, lax, or inconsistent rules and sanctions regarding substance use. • Poor child supervision and discipline. • Unrealistic expectations for development.
Domain	**Protective Factors**	**Risk Factors**
Peer	• Association with peers who are involved in school, recreation, service, religion or other organized activities.	• Association with delinquent peers who use or value dangerous substances. • Association with peers who reject mainstream activities or pursuits. • Susceptibility to negative peer pressure. • Strong external focus of control.

Domain	Protective Factors	Risk Factors
School	• Caring and support; sense of "community" in classroom and school. • High expectations from school personnel. • Clear standards and rules for appropriate behavior. • Youth participation, involvement, and responsibility in school tasks and decisions.	• Ambiguous, lax, or inconsistent rules and sanctions regarding drug use and student conduct. • Favorable staff and student attitudes toward substance use. • Harsh or arbitrary school management practices. • Availability of dangerous substances on school premises. • Lack of school bonding.
Domain	**Protective Factors**	**Risk Factors**
Community	• Caring and support. • High expectations for youth. • Opportunities for youth participation in community activities.	• Community disorganization. • Lack of community bonding. • Lack of cultural pride. • Lack of competence in majority culture. • Community attitudes favorable to drug use. • Ready availability of dangerous substances. • Inadequate youth services and opportunities for pro-social involvement.

Domain	Protective Factors	Risk Factors
Society/ Environment	• Media literacy (resistance to pro-use messages). • Decreased accessibility to alcohol, tobacco and other drugs. • Increased pricing through taxation. • Raised purchasing age and enforcement. • Stricter driving-while-under-the-influence laws.	• Impoverishment. • Unemployment and underemployment. • Discrimination. • Pro-drug-use messages in the media.

Resiliency

Resiliency is that quality existing in children who, though exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental health and juvenile delinquency problems that they are at greater risk of experiencing. Resilient attributes in children and young people help them avoid, minimize, or overcome risk factors.

Among traits that help make individuals resilient are:

1. Social Competencies or the Exhibition of Pro-Social Behaviors
2. Well-Developed Problem-Solving Skills
3. Autonomy
4. Religious/Spiritual Commitment
5. Sense of Purpose and Future

Types of Prevention

The Institute of Medicine has conceptualized prevention using three categories:

- Universal the target population is general.
- Selective the target population is a high-risk group.
- Indicated the target population is high-risk individuals.

Universal prevention strategies • Address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco and other drugs. • Mission is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. • Delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.	Target Entire Population
Selective prevention strategies • Targets subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment -- for example children of adult alcoholics, dropouts or students who are failing academically. • Targets the entire subgroup regardless of the degree of risk of any individual within the group. • Presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on the presumption given his or her membership in the at-risk subgroup.	Target Groups at Higher Risk
Indicated prevention strategies • Designed to prevent the onset of substance abuse in individuals who do not meet diagnostic criteria for addiction, but who are showing early danger signs, such as failing grades and consumption of alcohol and other gateway drugs. • Mission is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs.	Target individuals exhibiting early signs of substance abuse

Terms Associated with Prevention Needs Assessment

Needs Assessment - A community prevention needs assessment typically involves surveys of various targeted populations and communities, identification of prevention resources and examination of relevant social indicator data. When supported by multiple community agencies and organizations, a local needs assessment can provide valuable information for comprehensive prevention planning and program implementation, including identifying high risk/priority populations and prevention services gaps. Terms often associated with prevention needs assessments are as follows:

Archival Data - Information that is collected and stored on a periodic basis within a geographic area such as emergency room statistics, school surveys on substance abuse trends, and crime reports.

Community Survey - Surveys administered to citizens, service providers or others key informant groups as part of a prevention needs assessment.

Key Informant Interview - Interview with someone who is very knowledgeable about a particular problem or issue being studied.

Social Indicator - A measure of change in conditions or behavior. They can tell us about the outcome of a policy or program; about people's subjective feelings of well-being; or document the state of conditions or behaviors over time.

Youth Survey - Information collected using a specially designed instrument that provides data about the feelings, attitudes and/or behaviors of individuals.

Terms Associated with Prevention Planning and Evaluation

Data Driven – An approach to prevention planning informed by and tested against systematically gathered and analyzed information.

Goal - A measurable statement of desired longer-term, global impact of the prevention programs and strategies.

Objective - A specific, measurable statement of the desired immediate or direct outcome of prevention programs and strategies.

Outcomes - The extent of change in targeted attitudes, values, behaviors or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be immediate, intermediate or long term outcomes.

Logic Model - A graphic depiction of the plausible linkages between a program's components and the outcomes to be achieved. Logic models typically reflect the program's underlying "theory of change," a set of assumptions, based on research and theories, about how and why desired change is most likely to occur as a result of a program.

Intervention - An activity or set of activities that is designed for the prevention of a disease or risk behavior.

Process Evaluation – Evaluation that focuses on how a program was implemented and operates, and how it typically measures participation, "dosage," staffing and other factors related to implementation.

Outcome Evaluation - The systematic assessment of the results or effectiveness of a program or activity. It is a type of evaluation used to identify the results of a program's effort.

A Word about Outcomes

Sound prevention planning and evaluation target immediate, intermediate and long-term outcomes.

- Immediate outcomes typically reflect the direct effects of a program or activity on individual participants. Examples include increased knowledge, changed attitude, or an improved skill. These outcomes are usually measured using program-specific instruments and can be observed immediately after the intervention.
- Intermediate outcomes typically reflect changes in behavior over time that result from gains in knowledge and skills and changes in attitudes. Examples include increased average age of onset of use or increased bonding to school, both measured by surveys of the target population administered months, or perhaps a year, after the intervention(s).
- Long-term outcomes typically reflect the global impact of prevention programs and strategies. Examples include reduced prevalence of drug use or rates of arrests for drug-related offenses in the juvenile population. These outcomes often are measured through youth surveys and social indicator studies. These outcomes require multiple, coordinated prevention strategies and take several years to achieve.

Stages of Community Readiness for Prevention

Prevention researchers have identified nine stages of community readiness to take action. Applying measures of readiness, prevention planners can identify critical "next steps" for action.

Readiness*		Action
Stage	**Community Response**	**Ideas**
1) No awareness	Relative tolerance of drug abuse	Create motivation. Meet with community leaders involved with drug abuse prevention; use the media to identify and talk about the problem; encourage the community to see how it relates to community issues; begin pre-planning.
2) Denial	Not happening here, can't do anything about it	
3) Vague awareness	Awareness, but no motivation	
4) Pre-planning	Leaders aware, some motivation	
5) Preparation	Active energetic leadership and decision making	Work together. Develop plans for prevention programming through coalitions and other community groups.
6) Initiation	Data used to support prevention actions	Identify and implement research-based programs.
7) Stabilization	Community generally supports existing program	Evaluate and improve ongoing programs.
8) Confirmation / Expansion	Decision makers support improving or expanding programs	Institutionalize and expand programs to reach more populations.
9) Professional-ization	Knowledgeable of community drug problems; expect effective solutions	Put multi-component programs in place for all audiences.

*Based on Plested et al 1999.

III. Prevention Principles

National Evidence-Based Principles for Substance Abuse Prevention

The following fifteen principles and guidelines were drawn from literature reviews and guidance supported by the federal departments of Education, Justice and Health and Human Services as well as the Office of National Drug Control Policy. These Principles are available online at www.whitehousedrugpolicy.gov

Source: Office of National Drug Control Policy, 2000.

A. Address Appropriate Risk And Protective Factors For Substance Abuse In A Defined Population

1. **Define a population.** A population can be defined by age, sex, race, geography (neighbor-hood, town, or region), and institution (school or workplace).

2. **Assess levels of risk, protection and substance abuse for that population.** Risk factors increase the risk of substance abuse, and protective factors inhibit substance abuse in the presence of risk. Risk and protective factors can be grouped in domains for research purposes (genetic, biological, social, psychological, contextual, economic and cultural) and characterized as to their relevance to individuals, the family, peer, school, workplace and community. Substance abuse can involve marijuana, cocaine, heroin, inhalants, methamphetamine, alcohol and tobacco (especially among youth), as well as sequences, substitutions and combinations of those and other psycho-active substances.

3. **Focus on all levels of risk, with special attention to those exposed to high risk and low protection.** Prevention programs and policies should focus on all levels of risk, but special attention must be given to the most important risk factors, protective factors, psychoactive substances and to individuals and groups exposed to high risk and low protection in a defined population. Population assessment can help sharpen the focus of prevention.

B. Use Approaches That Have Been Shown To Be Effective

4. **Reduce the availability of illicit drugs, and of alcohol and tobacco for the under-aged.** Community-wide laws, policies and programs can reduce the availability and marketing of illicit drugs. They also can reduce the availability and appeal of alcohol and tobacco to the underaged.

5. **Strengthen anti-drug-use attitudes and norms.** Strengthen environmental support for anti-drug-use attitudes by sharing accurate information about substance-abuse, encouraging drug-free activities, and enforcing laws and policies related to illicit substances.

6. **Strengthen life skills and drug refusal techniques.** Teach life skills and drug refusal skills, using interactive techniques that focus on critical thinking, communication and social competency.

7. **Reduce risk and enhance protection in families.** Strengthen family skills by setting rules, clarifying expectations, monitoring behavior, communicating regularly, providing social support and modeling positive behaviors.

8. **Strengthen social bonding.** Strengthen social bonding and caring relationships with people holding strong standards against substance abuse in families, schools, peer groups, mentoring programs, religious/spiritual contexts and structured recreational activities.

9. **Ensure that interventions are appropriate for the populations being addressed.** Make sure that prevention interventions, including programs and policies, are acceptable to, and appropriate for, the needs and motivations of the populations and cultures being addressed.

C. Intervene Early At Important Stages And Transitions

10. **Intervene early and at developmental stages and life transitions that predict later substance abuse.** Such developmental stages and life transitions can involve biological, psychological or social circumstances that can increase the risk of substance abuse. Whether the stages or transitions are expected (such as puberty, adolescence or graduation from school) or unexpected (for example the sudden death of a loved one), they should be addressed by preventive interventions as soon as possible—even before each stage or transition, whenever feasible.

11. **Reinforce interventions over time.** Repeated exposure to scientifically accurate and age-appropriate anti-drug-use messages and other interventions—especially in later developmental stages and life transitions that may increase the risk of substance abuse—can ensure that skills, norms, expectations and behaviors learned earlier are reinforced over time.

D. Intervene In Appropriate Settings And Domains

12. **Intervene in appropriate settings and domains.** Intervene in settings and domains that most affect risk and protection for substance abuse, including homes, social services locations, schools, peer groups, workplaces, recreational settings, religious and spiritual settings, and communities.

E. Manage Programs Effectively

13. **Ensure consistency and coverage of programs and policies.** Implementation of prevention programs, policies and messages for different parts of the community should be consistent, compatible and appropriate.

14. **Train staff and volunteers.** To ensure that prevention programs and messages are continually delivered as intended, training should be provided regularly to staff and volunteers.

15. **Monitor and evaluate programs.** To verify that goals and objectives are being achieved, program monitoring and evaluation should be a regular part of program implementation. When goals are not reached, adjustments should be made to increase effectiveness.